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PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

17721-00068

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			21.		·			RATE	FEE	٠٠. ٦	RATE	FEE	
F	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FE	+	OR	BASIC FEE	 	
Т	OTAL CHARGE	ABLE CLAIMS	7/ minus 20=		* /			X\$ 9=	·a	IOR	X\$18=		
INI	DEPENDENT C	LAIMS	2 minus 3 =		· 0			X43=	1	OR	X86=		
Мι	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	1	OR	+290=		
* 11	the difference	e in column 1 is	less than zero, enter "0" in column 2			column 2		TOTAL	394	OR	TOTAL	7	
	C	CLAIMS AS A (Column 1)	MENDE	MENDED - PART II (Column 2) (Column 3)				SMALL		O R	OTHER SMALL		
		CLAIMS		HIGHE		(Column 3)	r	OMALL	ADDI-	1	SWALL		
AMENDMENT A	•	REMAINING AFTER AMENDMENT		NUMB PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus			=	Ī	X43=		OR	X86=		
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+290=		
											TOTAL		
ADDIT. FEE (Column 1) (Column 2) (Column 3)											ADDIT. FEE		
		CLAIMS		HIGHE		(Column 3)	Г		ADDI	ır		455	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent	*	Minus	***		=		X43= ·		OR	X86=		
ا	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						r						
							L	+145=		OR	+290=		
	•	· Al	TOTAL ODIT. FEE	•	OR ,	TOTAL ODIT. FEE							
(Column 1) (Column 2) (Column 3)													
Z ŀ		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	R	PRESENT EXTRA	Γ	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	
	Total		Minus	**		=	\vdash	X\$ 9=	FEE	}	X\$18=	FEE	
	Independent	*	Minus	***		=	F			OR			
<u> </u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X43=		OR	X86=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+290=		
**	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."									OR A	TOTAL DDIT FEE		
T	he "Highest Num	nber Previously Paid ber Previously Paid	o For IN THIS For" (Total or I	SPACE is le Independent	ess than i) is the l	3, enter "3." nighest number		DIT. FEE L	opriate box				